

P16000001773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

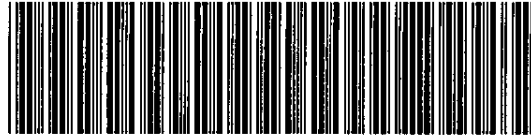
(Document Number)

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Office Use Only

*Cathy Carpenter*  
AUTHORIZATION BY PHONE TO  
CORRECT *Alt.*  
DATE *Jan 8-2016*  
*[Signature]*



700280215027

Effective Date *Jan. 01, 2016*

12/28/15--01020--003 \*\*70.00

FILED  
15 DEC 28 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*01-08-16*  
*3*

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Carpenter Court Reporting, Inc  
PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Cathy L. Carpenter  
Name (Printed or typed)

8521 75<sup>th</sup> Ave. N.  
Address

Seminole, FL 33777  
City, State & Zip

239-292-0896  
Daytime Telephone number

CathyLcarpenter@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Carpenter Court Reporting, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8521 75<sup>th</sup> Ave. N.  
Seminole, FL 33777

Effective Date Jan. 01, 2016

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Court Reporting

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Cathy Carpenter President Name and Title: \_\_\_\_\_

Address 8521 75<sup>th</sup> Ave. N. Address: \_\_\_\_\_

Seminole, FL 33777

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Cathy L Carpenter

Address: 8521 75<sup>th</sup> Ave. N.

Seminole, FL 33777

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Cathy L Carpenter

Address: 8521 75<sup>th</sup> Ave. N.

Seminole, FL 33777

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15 DEC 28 PM 16 09  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: Jan. 01, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Cathy L Carpenter  
Required Signature/Registered Agent

12/26/15

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Cathy L Carpenter  
Required Signature/Incorporator

12/26/15

Date